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Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY
OF THE ELECTRONIC REACTIONS OF ABRAMS
AND THE VISCERAL REFLEXES OF ABRAMS
IN THE DIAGNOSIS, TREATMENT AND
PATHOLOGY OF DISEASE

Vol. 6

DECEMBER, 1921

No. 2

FOUNDED AND EDITED BY
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2151 SACRAMENTO ST.

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Physico-Clinical Medicine

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All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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The Origin of Syphilis

THIS momentous problem remains unsolved. The prevailing theory contends that it is of American origin, and that it was brought to Spain by the sailors of Columbus and spread rapidly among the inhabitants. Supporting this theory is the assumption that no European literature on syphilis can be found previous to 1495, and no bones have been found in Europe suggestive of syphilis.

Against the Columbian theory, is the indisputable

fact that the disease existed in China and Japan in ancient times, and that by migration it spread to America.

The discovery of the organism of the disease, *spirocheta pallida*, and the serological tests have aided us in the recognition of syphilis, but they leave much to be desired.

It occurred to the writer that if one could gain access to bones of ancient origin, and if syphilis were present, its specific radio-activity would be revealed by the Electronic Reactions. Through the courtesy of Dr. Charles Penez, Curator of the M. H. De Young Memorial Museum in Golden Gate Park, San Francisco, the writer, on September 13, 1921, together with a large number of physicians, made the reactions under the most exacting conditions.

The bones were authentic and of Egyptian origin (300 to 1000 B. C.). The results were absolute and demonstrated congenital syphilis in several bones, and acquired syphilis in others.

Argyll-Robertson Pupil (A R P) in Syphilis

THE non-response of the pupil to light, with preservation of the accommodation reflex, is one of the most constant signs not only of cerebrospinal syphilis but of syphilis in general.

The elicitation of the A R P demands circumspection.

If physicians were to employ this reaction more frequently, the Wassermann would long since have been discarded.

Remember the following:

1. Do not throw a strong light into the eyes; the psychic pupillary dilatation (due to fright) may yield an incomplete reaction.
2. Patient must look into the distance to avoid synergic convergence and accommodation reactions.
3. Untested eye must be covered.

4. The initial contraction of the pupil after several oscillations assumes a medium width.

5. Reaction may be elicited in the dark by a small pocket electric light lamp, by which the light is directed obliquely at a little distance intermittently.

6. The use of drugs (mydriatics and miotics) may lead to erroneous conclusions, and in old age the iris rigidity causes a slow reaction.

Now, the chief error in recognizing syphilis by the ARP is to accept only as evidence of its presence the COMPLETE absence of the light reaction (rigid pupil).

The writer has repeatedly referred to a slow or sluggish reaction, which may precede for years the complete ARP.

It is the most constant sign for both hereditary and acquired syphilis.

It may be unilateral or bilateral, and may be associated with irregularity in the size of the pupils and in the pupillary margins.

If the writer has contributed nothing else to diagnosis, he would feel amply rewarded were he to bring into recognition this important sign as evidence of syphilis.

A normal pupil will respond any number of times to the intermittent application of light. A partial ARP signifies a rapid exhaustion of the reflex. It may respond once or twice, but is soon either nullified or responds feebly.

Test normal pupils to observe the reaction. Unfortunately, normal pupils are rare owing to either the ubiquity of heredo syphilis or acquired syphilis from vaccination.

Note this fact concerning the ARP, viz., that after a feeble response to light, the pupil will, if the light continues to fall on the eye, assume a position of MAXIMUM DILATATION. Now, there is another fact. In the June, 1921, number of this Journal, reference was made to the destruction of the syphilitic component of vaccine virus by blue light. If a partial ARP is present and the pupillary reflex arc is not destroyed, it will

be noted that if the light is permitted to filter through a blue medium (glass or gelatine) on the unclosed eye for about thirty seconds, the light reflex is restored for about a minute.

This influence of blue on the syphilitic reactions is also expressed with the electronic reactions—the areas of dullness peculiar to syphilis disappear as long as blue light strikes the skin of the subject or patient.

It is suggested that this method be tried with tardy patellar tendon reflexes, by throwing the light on the spinal region (skin exposed) in early tabes.

It is not chimerical to assume that the destructive action of color on the toxins of disease (blue in syphilis and yellow in tuberculosis, for instance) may, in the future, be expressed by colored raiments and blue glasses for syphilitic eye affections. Drugs, by their external application, owe much of their efficiency to the destructive vibratory rate of color.

USING A REAGENT—If a specimen of syphilitic blood is conducted through a rheostat to a subject with normal pupils, and the electrode is placed on the subject on either side of the abdomen in the mammary line midway between the navel and curvature of the ribs, a partial ARP will be noted within two minutes. If the blood reaction is due to congenital syphilis, the ARP will only occur at rate 57 and, if of the acquired form, at 55.

Psychology of Religion

A TTEMPTS to classify religions have been many. A classification, like languages and races, is the nearest approach to rationalism despite the fact that there are universal religions which are neither limited by race nor language.

The ultimate analysis of religious belief resolves itself into the conception, that it is morality in an atmosphere of emotion.

The emotional factor may be aroused by phantasy as in Brahmanism, light; ancient Persian; sorrow, Syrian, or mystery, Egyptian. In the religions of spirituality, the Hebrew conception was sublimity, the Greek, beauty, and the Roman, understanding.

Emotionally, we are thousands of years old, but rationally, we are mere embryos.

Scratch the epidermis of the average individual, and in the derm you find the superstitious accumulation of cons.

Voltaire observed that, if there were no God, it would be necessary to invent one.

Religion is a science of the mind and, like every natural phenomenon, should be subject to scientific analysis.

With this object in view, the writer made a series of investigations, which are here recorded. The investigated individuals included the religious zealot, the believer, agnostic and atheist.

The concept of a Creator varied from a mysterious ball of fire, of light, omnipotence and omniscience.

Despite the varied concepts, they resolved themselves into an anthropomorphic conception. This is fully in accordance with what is ideologically conceded, or the following incident would have been deprived of its facetiousness.

Two suffragists were in jail and one was disconsolate. Said the other to the latter, "Put your faith in God, perhaps She will hear your prayers."

A further analysis of the concept, whether of the believer or non-believer, suggested the recognition of a power greater than the ego.

The microcosmic insignificance of man is suggested by the following: The visitor in Heaven, having been shown all the notable persons, requested to see God. The attendant replied, "that God was confined in a padded cell." He was dominated by the delusion that he was the Kaiser.

Another concept which aroused the emotion was Fear, the disposal of the soul after death. One individual, who

denied animism and cherished the Buddhistic hope of self-annihilation, said in all seriousness that his present life was such a busy one that, if he were in Heaven, he was sure to be paged by some frivolous woman who wanted him on the ouija board.

The present-day rapid methods of communication—Telegraph, Telephone and Tell a woman will eventuate in Telepathy.

In Spencer's system of Psychology, mental phenomena are defined in terms of matter and motion.

Now, the Electronic Reactions enable us to recognize a definite emotion in three ways: 1. By visceral reflexes †; 2. Cerebral localization; 3. Ideograms *. In deference to these reactions, one could conclude that a supernal belief was an inherent and integral mental constituent with a definite cerebral localization.

The character of the religious belief did not modify the reactions. They were always identical.

To stimulate the emotional reflex of religiosity, religions have been invented.

Among modern beliefs, Christian Science has achieved the greatest popularity.

Analyzed, it suggests an appeal to the ego, for if God is good and Good is Mind, then God is an invariable mental constituent.

This satisfies the egotist, who proclaims he is a self-made man, and he invariably adores his maker.

The doctrine of pantheism either identifies the universe with God or God with the universe.

In the spiritual form, God is omnipresent.

If gravitational energy is accepted as a paradigm of the pantheist's conception of God, and this energy symbolizes universal power, then an ideograph of this force would yield a picture of the God of Pantheism.

† The vibratory rate of the religious emotion is six, and the area of dullness (SV) corresponds to that of tuberculosis.

* Cited in this Journal, March and September, 1920.

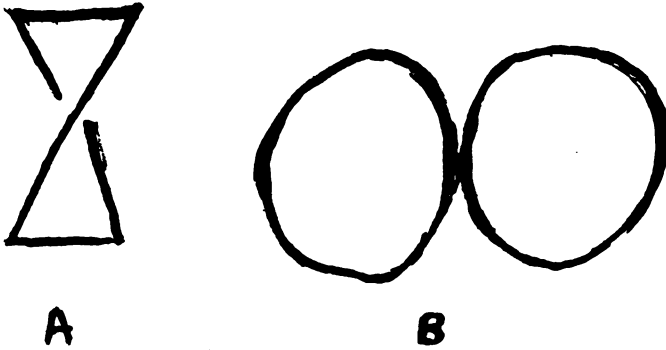


Fig. 3A—Ideograph of a religious emotion irrespective of whether the individual is a believer or non-believer and, if the former, independent of the nature of his religion.

B—Ideograph of gravitational energy.

Histotropism

WHY does orchitis complicate mumps and infrequently do the ovaries and thyroid become implicated? No adequate answer has yet been given to this metastasis. Why does the thyroid gland enlarge at puberty and menstruation? This question has also been unanswered. Why does the sexual sense survive ovariectomy? My constant endeavor has been to correlate facts in physics with the phenomena of the human, insomuch as the latter is only an electrical mechanism.

Disintegration of tissues (histolysis) is the analogue of electrolytic dissociation.

The conduction of electricity through solutions signifies only a mechanical process of transferring electrons. Normal molecules will not serve the latter purpose; an abnormal electronic condition must be present (electrolytes).

Similarly, in the tissues, we have histolytes (new coinage) and non-histolytes.

Without a knowledge of the elemental laws of dissociation, physiology and pathology are non-understandable.

Physiologic tissue activity is associated with electric currents and the H-ion concentration of the body fluids.

Any modern work on "Biochemistry" enters more fully into a discussion of this subject.

Investigation of glands as structures and not as processes is detrimental to progressive pathology.

My investigations with the electronic reactions show that the parotid and thyroid in men and women yield respectively, in part, the reaction of the testicle and ovary.

Now, let us discuss electrons in terms of vibration frequencies.

It is a fundamental law in physics that substances absorb the same frequencies as they naturally emit. Thus, glass which transmits red light absorbs blue.

In other words, electro magnetic waves have no effect on objects which are incapable of vibrating in resonance with them.

Chemotaxis and chemotropism suggest the neonym, HISTOTROPISM. The first term signifies the reaction of protoplasm to a stimulus whereby cells are attracted or repelled.

The second term signifies the direction assumed by cells under the influence of definite stimuli.

Physiologic and pathologic activity predicate electrolytic dissociation (histolysis). The electrolytes (histolytes) have an affinity for tissues with like processes, hence, invasion of the testes and ovaries in epidemic parotitis and thyroid swelling in the physiologic crises by the histolytes.

SYPHILOGENESIS

A New Concept on the Causation of Disease

Exordium—Whereas the history of medicine embraces a recital of human discovery, it is by no means exempt from human misinterpretation. Theory has succeeded theory in explanation of the causation of disease and, in the delirium of our efforts, we are no nearer in approaching a solution to this momentous problem.

One physician of prominence proved his diagnoses wrong in 50 per cent of his cases, and this, despite his great experience and all the diagnostic resources afforded by a modern hospital.

Sir James McKenzie recently asserted that, in upwards of 90 per cent of patients (excluding trivial ailments and injuries), one is unable to state with any degree of accuracy the nature of the patient's illness.

The writer of this contribution emphasizes the fact, which he hopes to demonstrate later, that 100 per cent of our diagnoses are wrong.

Dr. J. W. King is sponsor for the following significant observation, "Our therapeutic structure is no greater than our diagnostic foundation," and he quotes Osler as follows: "I know of only two remedies, *nux vomica* and hope, and I am not sure of the former."

Medical practice has fallen in public esteem, and the creation of cults is an answer to its inefficiency.

Reversionary Medicine—Our works on pathology are posthumous dissertations on life.

Our nosology is only a classification of symptoms; it embraces a variety of names concealing our ignorance of the veritable pathologic substratum, the morbid soil.

From this chaotic conception our inefficient therapy has been evolved and involved. We erroneously conceive disease not as an effect but as a cause, and it is this very reversion which stultifies our therapeutic efforts.

Our vaunted germ theory is a myth. A lesion in homely phraseology is only a "garbage can," and the bacteria are only invited there like other scavengers of the earth; hence, my suggestion to refer to morbid sites as "vultural lesions."

Our conception of disease is reeky with the atmosphere of the post-mortem room.

Pathology is essentially the physiology of the sick.

Neither the necropsy nor laboratory experiment can solve vital phenomena, which are dynamic, and should be regarded as processes and not as structures. Biodiagnosis must supplant necrodiagnosis.

Animal Phenomena—The human must not be segregated as something apart from the other entities of the physical universe. There is only one physics, one chemistry and one mechanics governing animate and inanimate phenomena. All vital phenomena are subject to the same laws governing the cosmos, and all medical problems not in accord with the progress made in physical science are doomed to perish.

The doctrine of cells and protoplasm is antiquated. One must look deeper than simple cell-structure as revealed by the microscope. The cells constitute a superstructure guided in their activity by physico-chemical forces. The cells, in other words, are only micromorphologic units.

In accordance with the "Electron Theory," the units of our organisms are charges of electricity known as electrons. Their incessant activity causes the phenomenon known as radiation. By aid of the "Reflexes of Abrams," this radiation, which shows specific reactions, enables one to recognize the primordial cause of disease.

Syphilis—Man is a syphilitic creature surrounded by clothes. He is differentiated from others of his species to the extent of his syphilitic dilution and by the areas invaded in his organism. If the syphilo virus invades his brain, he may become a moral or criminal genius, a moron or dement. Invading his physical being, he becomes a lucrative commodity for the physician and surgeon.

Many years ago, Fournier, one of the most eminent syphilographers, insisted that general pathology should be made a mere annex to syphilography. The "Electronic Reactions of Abrams," justify this paradoxical arbitrary viewpoint.

We are all omnibuses in which our ancestors ride.

Extragenital infection occurs in at least 30 per cent of all cases of syphilis.

The world may not be civilized, but it is certainly syphilized.

Our so-called sainted were tainted ancestors, and what heredity has failed to accomplish in its entirety has been fulfilled by medical art.

Serogenic Syphilis—Practically every vaccine virus examined by the writer demonstrates the electronic reaction of congenital syphilis, and this is equally true of many sera used in vaccine therapy. These findings have been corroborated by King of Bradford and Mackenzie of New Zealand. Vaccinosyphilis is the necessary corollary of such medication.

The writer is nevertheless a vaccinationist, provided the vaccinator employs the methods suggested by him in his journal, viz., to eliminate from the virus the syphilitic and tuberculous contaminations.

Morbid Soil—Deprive man of his syphilitic soil, inherited and acquired morally, immorally and serologically, and practically all diseases, notably carcinoma, tuberculosis and sarcoma would pass into the discard for want of parental (syphilis) sponsorship—in other words, **No Syphilis No Disease**. By the electronic reactions, it is now possible to determine whether an individual is immune to certain diseases.

It has been found that when the blood of an individual has been deprived of congenital syphilis, that blood is immune to carcinoma, tuberculosis, sarcoma, strep, staph and other infections.

The same blood before the elimination of syphilis did not demonstrate this immunity. Without a syphilitic soil, there would be no sustenance for disease.

My primary effort in the treatment of disease is to eliminate syphilis, and so-called diseases culminate, as a rule, of their own accord.

In some instances, it is necessary to treat antisypilitically the site of the lesion insomuch as the writer's method of splenic sterilization will not reach the so-called "dark corners," which are practically spirochetes enmeshed in connective tissue.

When the writer referred to our diagnostic errors attaining the percentage of 100, he intimated thereby our total disregard of the pathogenic factor—**Syphilis**.

In deference to the foregoing views, an "International Association for Racial Purification" has been incorporated. To attain the ideal of this "Association," it is necessary to begin with the child, for to be young when we are old, we must be old when we are young. This means that adult intelligence must be compulsorily imposed on the untutored child.

THE BOOK OF LIFE*

[A recent publication of Upton Sinclair, famous author of "The Jungle," "The Brass Check," etc., one of the most widely read American authors in the world.]

"When the manuscript of this book was sent to the printer, there appeared in this place a paragraph telling of the work of Dr. Albert Abrams, of San Francisco, in the diagnosis and cure of disease by means of radio-active vibrations. Just as the book is going to press, the writer finds himself in San Francisco, attending Dr. Abrams' clinics and watching his work; and so he finds it possible to give a more extended account of some fascinating discoveries, which seem destined to revolutionize medical science. If I were to tell all that I have seen

* Excerpt. A layman's conception after investigating the E. R. A.

with my own eyes in the last twelve days, I fear the reader would find his powers of credulity overstretched, so I will content myself with trying to tell, in very sober and cautious language, the theory upon which Abrams is working, and the technic which he has evolved.

Modern science has demonstrated that all matter is simply the activity of electrons, minute particles of electric force. This is a statement which no present-day physicist would dispute. The best evidence appears to indicate that a molecule of matter is a minute reproduction of the universe, a system of electrons whirling about a central nucleus. No eye has ever beheld an electron, for it is billions of times smaller than anything the microscope makes visible; but we can see the effects of electronic activity, and all modern books of physics give photographs of such. It is possible to determine the vibration rates of electrons, and to Dr. Abrams occurred the idea of determining the vibration rates of diseased tissue and of disease germs. He discovered that it was invariably the same; not merely does all cancerous material, for example, yield the same rate, but the blood of a person suffering from cancer yields that rate, at all times and under all circumstances. The vibration of cancer, of tuberculosis, of syphilis—each is different, and uniform, and invariable. Likewise, in the blood are other vibrations, uniform and dependable, which reveal the sex and age of the patient, the virulence of the disease and the period of its duration—yes, and even the location in the body, if there be some definite infected area. And so here is a modern miracle, an infallible technic for the diagnosis of disease. Dr. Abrams does not have to see the patient; all he has to have is a drop of blood on a piece of white blotting paper, and he sits in his laboratory and tells all about the trouble, and somewhere several thousand miles away—in Toronto or Boston or New Orleans—a surgeon operates and finds what he has been told is there.

And that is only the beginning of the wonder; because, says Abrams, if you know the vibration rate of the electrons of germs, you can destroy those germs. It used to be a favorite trick of Caruso to tap a glass and determine its musical note, and then sing that note at the glass and shatter it to bits. It is well known that horses, trotting swiftly on a bridge, have sometimes so coincided in their step with the vibration of the bridge as to break it down. And on that same principal this new wizard of the electron introduces into your body radio-activity of a certain vibration rate—and shall I say that he cures cancer and syphilis and tuberculosis of many years standing in a few treatments; I will not say that, because you would not and could not believe me. I will content myself with telling

you what my wife and I have been watching, twice a day for the past twelve days.

The scene is a laboratory, with rows of raised seats at one side for the physicians who attend the clinic. There is a table, with the instruments of measurements, and Dr. Abrams sits beside it, and before him stands a young man stripped to the waist. The doctor is tapping upon the abdomen of this man, and listening to the sounds. You will find this the weirdest part of the whole procedure, for you will naturally assume that this young man is being examined, and you will be dazed when someone explains to you that the patient is in Toronto or Boston or New Orleans, and that this young man's body is simply the instrument which the doctor uses in the determining of the vibration rates of the patient's blood. Dr. Abrams tried numerous instruments, but he has been able to find nothing so sensitive to the electronic activity as a human body. He explains to his classes that the spinal cord is composed of millions of nerve fibres of a variety of vibration rates; hence, a certain rate of vibration, communicated to a human body, is automatically and instantly sorted out, and appears on a certain precise spot of the body in the form of increased activity, increased blood pressure in the cells, and hence what physicians know as a "Dull area," which can be discovered by what is known as "percussion," a tapping with the finger. To map out these areas is a mere matter of long and patient experiment; and Abrams has been studying this subject for some twenty years—he is the author of a text-book on what is known as the "Reactions of Abrams." So he provides the world with a series of maps of the human body; and he sits now in front of his "subject," and his assistant places a specimen of blood in a little electrically connected box, and sets the rheostat at some vibration number—say fifty, and Dr. Abrams taps on some certain square inch of the abdomen of his "subject," and announces the dread word cancer. Then he places the electrode on another part of the "subject's" body, and taps some more, and announces that it is cancer of the small intestine, left side; some more tapping, and he announces that its intensity is twelve ohms, which is severe; and pretty soon there is speeding a telegram to the physician who has sent the blood specimen, telling him these facts, and prescribing a certain vibration rate upon the "oscilloclast," the instrument of radio-activity, which Dr. Abrams has devised.

Now, you watch this thing for an hour or two, and you say to yourself: "Here is either the greatest magician in the history of mankind, or else the greatest maniac." You may have come thinking of some kind of fraud, but you soon dismiss that, for you realize that this man is desperately in earnest about what he

is doing, and so are all the physicians who watch him. So you seek refuge in the thought that he must be deluding himself, and them, perhaps unconsciously. But you talk with these men, and you find that they have come from all over the country, and always for one reason—that they had sent blood specimens to Abrams, and they had found that he never made a mistake; he told them more from a few drops of the patient's blood than they themselves had been able to find out from the whole patient. And then come Dr. Abrams' own patients—I must have heard sixty or eighty of them tell their story in the clinic, and they have been all but lifted from the grave. People ten years blind from syphilis who can see; people operated on several times for cancer and given up for dying; people with tumors on the brain, or with one lung gone from tuberculosis. It is literally a fact that when you have sat in Abrams' clinic for a week, all disease becomes a matter for jest.

This, you see, is really the mastery of life. If we can measure and control the minute universe of the electron and the atom, we have touched the ultimate source of our bodily life. I might take chapters of this book to tell you of the strange experiments I have seen in this clinic—showing you, for instance, how these vibrations respond to thought, how, by denying to himself the disease, the patient can for a few moments cancel in his body the activity of the harmful electrons; showing how the reactions differ in the different sexes and at different ages, and how they respond to different colors and to different drugs. This method has revealed the secret of such efficacy as drugs possess—their work is done by their radio-activity, and not by their chemical properties. Also the problem of vaccination has been solved—for Dr. Abrams has discovered a dread new disease, which is bovine syphilis, which has been caused in cattle by human inoculation, and now is reintroduced in the human being by vaccination, and becomes the agent which prepares the soil of the body for such disorders as tuberculosis and cancer. It appears that we can all be rendered immune to these diseases by a few electronic vibrations, introduced into our bodies in childhood, and so is opened up to our eyes a wonderful vision of a new race, purified and made fit for life. So, here at last, is science justified of her optimism, and our faith in human destiny forever vindicated. Take my advice, whoever you may be that are suffering, and find out about this work of Abrams, and help to make it known to the world without delay."

MISCELLANY

Dr. Mather Thomson—This distinguished London physician, who has recently studied the E R A, in San Francisco, is now engaged in Boston teaching the methods prior to his return to England. His long experience as a teacher eminently fits him for this purpose.

The writer can conscientiously recommend him to all European physicians who are interested in this new departure.

Dr. J. W. King—In Bradford, Pa., this genial physician is equally capable of teaching the E R A.

Magnesium Sulphate—W. H. Seymour, M. D. (Berlin University), who has been recently taking Dr. Abrams' course, relates the following:

A woman developed a very large tumor on the leg, which was demonstrated to be a sarcoma. The patient was referred to the "Mayo Clinic," where the diagnosis was confirmed, and the patient was regarded as inoperable and an unfavorable prognoses given.

Moist compresses of magnesium sulphate (tablespoonful to a pint of water, were used on the tumor continuously, with immediate relief of pain and entire disappearance of the tumor in nine weeks with no recurrence at the time of writing (three years).

[Editorial Comment—Drugs owe their efficiency to their inherent radioactivity and many of them are more efficient than radium itself. The indiscriminate use of radium is akin to the use of the Wassermann reaction, one of the most deplorable arraignments of modern medicine. By the simplest means, it is now possible to determine the value of a drug. Thus, sarcoma yields a definite reaction. Any drug of like vibratory rate will destroy this reaction, and, in this sense, it can be likened to what is known to the physicist as destructive interference or resonance. On investigating the action of magnesium sulphate, it was found that, like safranin, it dissipated the reaction of sarcoma, but was without effect in carcinoma. Its analgesic action is due to the fact that it is destructive to the vibratory rate of pain. The external application of drugs has been discredited, because we recognize only absorption as a factor in therapeutics. We forget a drug's polarity and its specific radioactivity.

We have shown that any source of irritation is a focus of least resistance and attracts all the ubiquitous organisms in the body. Similarly, if the skin is rubbed at a definite point after the administration of a drug, the reaction of the latter may be elicited at that point. This latter fact may be utilized in therapeutics. Eclectics use acetic acid empirically in gastric cancer. The E R A show that this acid has a destructive vibratory rate to cancer.]

Sexuality—This is only a question of polarity, and is easily determined by elicitation of the dullness over the sexual zones. Many of us are bisexuals, and in some sex is temporarily reversed. This may be effected by yellow light thrown on the skin. If three pills of *Berberis Vulgaris* are ingested, sex is temporarily reversed.

If the reversal is temporary and not permanent (homosexuality), the dullness peculiar to the normal sex is restored

at the vibratory rate 13. If it is not, the individual is a homosexual.

The chief cause of sexual reversal is **congenital syphilis**, and when this is eliminated, normal sexuality may be restored. In sexual frigidity among married women, this factor should not be ignored.

Visceral Borders—In this Journal, reference was made by the writer to the definition of the viscera by tapping the acromial end of the clavicle.

The same result can be achieved by tapping the seventh cerv. spine, although the latter maneuver may alter the size of the organs. Note, that during tapping, the border of the organ strikes the palpating finger like the heart-beat. In thin subjects, the heart, aorta, lower liver, and splenic borders may be seen.

Concurrent Diseases—Infrequently, with the coexistence of two diseases, one may inhibit the reaction of the other by the E R A. This may happen with tuberculosis, if syphilis or malaria is present. By permitting blue light to fall on the specimen or the reagent, the syphilitic reaction is eliminated, and the TB reaction becomes evident.

Red similarly employed dissipates the malarial reaction.

Electrostatic Definition—In previous numbers of this Journal, reference was made to the method of defining organs and the areas peculiar to the E R A by aid of a charged pith ball. Since then, we have devised other methods. 1. Rub a rubber rod briskly with black, gray or white flannel (colored flannel may interfere with the reactions). Note that, when the rod thus electrified is passed over an organ, it appears to catch at the border. This is equally true over the areas of the E R A. Note that, when the subject or patient is not facing west or in the magnetic meridian, this hesitation on the part of the rod will not occur. It is equally absent, if the radioactivity of the blood is not transmitted at the correct vibratory rate. Dry skin thoroughly before making the tests.* The simplicity of the foregoing maneuver will appeal to those who are not experts in percussion. Under favorable conditions, the dry and rubbed finger may act somewhat like the rod. 2. Take a rubber rod and encircle one end with a piece of rubber tubing about one inch wide. The tubing should be so placed that at least an inch of the rod is uncovered at the end. Now rub the uncovered

* The rod may stick for some time after morbid energy conveyed to the subject is removed in making the E R A. This factor may be eliminated at once by placing two fingers of one hand on both sides of the median abdominal line to short-circuit the subject. Even though subject is exhausted or abdomen dull, this rod method may be used. Ground both feet when rod is manipulated. This is also effective when percussing E R A. Hair on reagent prevents rod from sticking.

end of the rod with flannel and suspend from it a small piece of silk thread. Note the attraction of the thread at the visceral borders and over the zones of dullness.

An effective experiment is to suspend the thread over an area peculiar—let one say—to cancer, put rheostat at 40, and when the button of the latter is turned to 50, the vibratory rate of cancer, the thread is immediately attracted. The thread must be held far enough from the skin to avoid the natural attraction of the latter.

Metastases—The ERA of cancer is at the vibratory rates 30 and 50. There is no reaction at 56 unless metastases are present (lymph glands or remote organs) or unless the tumor is destined to become metastatic. A metastatic cancer will give the ERA at 56.

Primary and Secondary Lesions—Any lesion will attract streptococci and the toxins of other diseases. It is practically a "garbage can."

By striking the seventh cerv. spine, it is usual for all invading organisms and toxins to be aspirated into the spleen, but the primary lesion persists and a reaction then taken reveals the true nature of the lesion.

Autohemic Therapy—The following appeared in a recent circular letter: "Some of my students have been led astray in the matter of 'Incubation,' by some 'alleged' scientific experiments," etc. The latter were made by the editor of this Journal. Dr. Chas. B. Graf, who has done such excellent work on this subject, forwarded me the letter in question.

The writer believes, and has always believed, that it is better that he should suffer for speaking the truth than that the truth should suffer for the want of his speaking.

When physicians coming to me from different parts of the world descanted on their results with autohemotherapy, I was absolutely indifferent and felt as did Krukenberg, in listening to the praises of panaceas, "We seem to be actually standing before the booth of a mountebank."*

Later, I would not ignore the results reported to me, despite the fact that there was neither rhyme nor reason for the use of the method.

My investigations reported in this journal demonstrated that the method possessed some merit. Later, I demonstrated that incubation of the blood was unnecessary. Up to this time, the author of the circular letter accepted my observations uncondi-

* Butler, in his "Hudebras," writes:

"They believe mechanick virtuous
Can raise them mountains in Potosi,
Seek out plants with signatures
To quack of universal cures."

tionally, but rebuked my contention concerning incubation.* Respecting the reasons for this rebuke it is unnecessary to dwell.

Still later observations show that when the diluted blood is injected into the patient, there is an enormous contraction of the spleen, which appears to justify my former conclusion that any effects with the method are due to the extrusion of antibodies from the spleen into the circulation. This same effect, as we shall see later, can be equally effected by concussion of the second lumbar spine. The reflex, being of short duration, can be maintained by immediate concussion of the second lumbar spine.

It is now known that there is no absolute specificity of vaccines. That specific are no better than non-specific vaccines, and that the same results can be secured from indifferent substances like proteins, peptone, etc.

The following simple autohemic technique is employed by a physician, who has had considerable experience with the original method, and with equal results.

Sterilize skin.

Draw 1 cc. of blood in sterilized syringe. Put in one ounce glass-stoppered sterilized bottle containing 19 cc. of double-distilled water.

Shake three minutes.

Incubate six hours at 40 degrees C., or let stand one hour without incubation.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

Put 2 cc. of this mixture in 18 cc. of distilled water.

Shake three minutes.

If solution has no foam, use now. If it is foamy, dilute again as above.

Now inject 5 cc. in vein. Repeat in one to two weeks. If decided improvement, wait longer.

The physician who uses the foregoing method does not incubate the blood. Before removing the blood, he adopts the writer's suggestion of concussing the second lumbar spine to get the antibodies from the spleen.

The solution may be injected under the skin instead of into the vein, in which instance 7 cc. in lieu of 5 cc. are used.

To prevent any possible irritation of the subcutaneous tissues, use in the last bottle a physiologic salt solution.

Food Idiosyncrasies—This protein sensitization has recently awakened much interest. I have recently investigated this sub-

* When the results of the laboratory are in conflict with clinical findings, and when Dr. L. D. Rogers achieves better results with, than without incubation, it is reasonable to give preference to the incubatory method.

ject with the E R A with results briefly, as follows: 1. All food products yield a definite reaction. 2. This reaction is dissipated by the blood (a few drops on a blotter placed in juxtaposition to the food product after its specific reaction is elicited). 3. The reaction is not dissipated by the blood of a person who shows an idiosyncrasy to the food in question. 4. If the blood of the latter is extracted after concussion of the second lumbar spine, it will dissipate the food reaction. 5. This is evidently due to the extrusion into the circulation of antibodies from the spleen. 6. It is suggested that such concussion be employed as a routine measure at least thrice daily to establish food toleration, especially in asthmatics, and that the reflex may be made more durable by concussion of the second dorsal spine, which prolongs all vertebral reflexes in Spondylotherapy.

Splenic Sterilization—We have repeatedly emphasized the ubiquity of congenital syphilis. Now, comes Dr. H. Hess, one of the most prominent and progressive surgeons in San Francisco, who maintains that if this method is executed prior to operations, the results of surgery are better and the wounds heal more quickly. Now, we have further suggested that, cancer, tuberculosis and other diseases can only thrive on a syphilitic soil and that by the mere treatment of syphilis, the diseases in question can be subdued. Here is a patient who comes from Dr. Louis Dietz. There is a congenital syphilitic reaction of 42 ohms and a cancer reaction of 5 ohms. After subduing the syphilis by splenic sterilization, the cancer is reduced to the negligible reaction of 4/25 of an ohm.

International Association For the Advancement of Electronic Medicine—Applicants for membership in this recent organization should address the Honorary Secretary, Dr. H. W. de Dannvill, 2235 Washington street, San Francisco.

The American Association For Medico-Physical Research—The tenth annual convention, September 26-28, 1921, was a remarkable success, thanks to the unceasing efforts of the President, Dr. T. D. Bristol, Mrs. Bristol and the officers and committees. The writer expresses extreme regret that he was not present. Dr. P. S. Replogle, that eminent veteran physician and kindly gentleman, was elected President for the ensuing year—a just tribute to a just man.

Cure of Syphilis—Even though no E R A can be elicited from the blood, syphilis may nevertheless be present in some "dark corner" of the organism. Before dismissing a patient as cured it was suggested to first concuss the seventh cervical spine to aspirate syphilo toxins into the spleen from the "dark corners," and after several minutes to concuss the second lumbar spine to cause their extrusion into the circulation. If then, after

removal of the blood, no reaction is elicited, one may, as a rule, safely conclude the non-existence of the disease, although the patient's blood should be re-examined at stated intervals. It has since been determined that, if there is no reaction at 55 and a reaction can be elicited at 45, syphilis is still present in some "dark corner" of the organism. By noting the strain reactions, the localization of the "dark corner" may be determined.

Hodgkin's Disease—The pathology of this disease is unknown. Examination of tissues from this affection by the E R A shows the reaction of sarcoma of high potentiality developing on a soil of congenital syphilis—usually bovine.

John Milton Scott—This eminent author addressed the "Metaphysicians' Fall Festival" in Los Angeles (October 17-21, 1921), on "Electronic Medicine."

Charles Rosedale, M. D.—The "Theosophical Society," Hollywood, Cal., on October 28, 1921, was addressed by Dr. Rosedale, on "Dr. Abram's Theory of Electronic Reactions."

Atlas of Electronic Reactions*—Many new pages have been added since the publication of the first edition and will soon be ready for delivery.

Oscillophone—So many inquiries have been received concerning this diagnostic apparatus to supplant the human reflexes, that the editor is constrained to say that, at the last moment it was not released owing to the fact that it did not fulfill all the requirements of a perfect mechanical apparatus. Within one month a new apparatus is to be tested which, although promising much, may meet the same fate as the first machine.

Congo Red—The radioactivity of this and eosin in effecting cancer cures has been commented upon by the writer. Dr. J. G. Thompson recently directed my attention to the effects secured by him with Congo red in a mammary cancer. Painting the latter with the drug, all the nodules rapidly disappeared. On investigation, Congo red was twenty-two times more active than eosin and, in addition, it was destructive to the cong. syphilitic soil on which the cancer developed. This effect on the soil with eosin could not be achieved.

Chiromancy—Divination by inspecting the hand (chiromancy) and the chiromancer who tells fortunes by inspection of the hand are methods repugnant to the scientist. Yet, recent investigations by the editor relative to hand writing show, that there is a modicum of truth even in these supposed vagaries of fancy.

In the next number of this journal, data will be presented which appear absolutely incredible.

* Price, \$6.00.

REVIEWS

Reflex Intestinal Contractions—Thesis (1921) for the Doctorate, presented to the "Paris Medical Faculty" by Pierre Simon. Abrams has differentiated in his "Spondylotherapy," a spastic and atonic form of constipation. The former is relieved by stimulation of the eleventh dorsal spine; the latter by excitation of the first three lumbar spines. When both forms coexist, alternate stimulation is effective. These results are due to the excitation of the intestinal reflexes of Abrams and have been controlled at the Radiological Laboratory of Dr. Aubourg, at the l'Hopital Boucicaut, Paris, and reported to the Society of Radiology.

The President and Doyen of the Paris University conclude: (1) that concussion of the eleventh dorsal and first three lumbar spines and seventh cervical spine always provokes contraction of the entire colon and in accordance with these facts, we believe the method of Abrams is applicable in some forms of constipation; (2) concussion of the eleventh dorsal spine is indicated in spasmodic constipation, and this method, as yet but little known, is indicated with chances of success in certain chronic forms of constipation. Several observations are cited by the medical candidate to show the success achieved by vertebral stimulation.

A number of X-Ray pictures are shown demonstrating the effects of vertebral stimulation.

The essayist expresses his thanks to Dr. H. Jaworski,* former Chief of Neurology of the French Army and a student of Dr. Abrams, who encouraged him to undertake a study of this subject.

New Concepts as Gained at the Albert Abrams Laboratory—This contribution was presented at the tenth annual convention of "The American Association for Medico-Physical Research," by Dr. J. W. King, Bradford, Pa. This masterly address supplemented by demonstrations of the ERA, was a source of great interest to the members of the convention. It is regretted that this report cannot be published in detail in this Journal inasmuch as Dr. King has the faculty of presenting this prolix subject in his usual epigrammatic maner. Those interested in the subject should write to Dr. King for a reprint of the address.

The Electronic Reactions of Abrams and Their Application in Diagnosis—Samuel King, A.B. (Yale), M.D., presented this paper before the "Central Society of Physical Therapeutists," Chicago, October, 1921. In his exordium, he vaticinates as fol-

* This eminent physician is the author of "L'Interiorisation," a monumental work in seven volumes which is about to be translated into English.

lows: "The old school of medicine, will soon have to bow to the inevitable and their whole medical literature will have to be rewritten; for its foundation is fast crumbling before the light and inroads of the Electronic Reactions of Abrams, and soon there will not be left one stone of their whole structure on which to stand."

Spondylotherapy—Dr. W. B. Secrest (Medical World, October, 1921), refers to twenty-three different methods of healing. A new cult is known as "sanipractors," which may mean that they are sane and all others are crazy. The Bohemians were the first to make a board-walk of the spine.

Not until the advent of "spondylotherapy," was electricity in medicine put on a scientific basis. Several observations are cited by this trenchant writer to show what can be done by aid of the vertebral reflexes.

Congenital Syphilis—W. J. McRoberts, M. D., (Hot Springs, S. D.). Address before the A. A. M. P. R., September 26, 1921. Attention is directed to many diseases which owe their origin to congenital lues. Astigmatism is mentioned, and the remarkable improvement in vision from the oscilloclast applied directly to the eyes at 3 is evidence of such association. "I have taken patients regarded as incurable and restored them to lives of usefulness; and this, because I have sat at the feet of that 'Gamaliel' of modern medicine, Dr. Abrams, and learned of him as many of you also have done."

COMMENTS ON THE OSCILLOCLAST

A. B. Collins, M. D., Linesville, Pa.—"The fact that I am ordering a second oscilloclast, is the greatest testimonial I can possibly give it respecting its great value in the treatment of disease, after a year's trial with the first machine."

O. M. Haywood, M. D., Chattanooga, Tenn.—"Having honestly devoted my life and earnings in efforts to heal, educate and lead to a richer life, I am prepared to appreciate what your illuminating discoveries mean to mankind."

M. W. MacManus, M. D., Denver, Colo.—"People are coming to me from various parts of the country. My success is most astounding. I am enclosing my check for a third oscilloclast."

H. D. Schell, M. D., Hamilton, Ohio.—"Hurry my oscilloclast. Last June you diagnosed a case of carcinoma of the cervix uteri, from a few drops of blood, which was forwarded to you. The patient laughed at your diagnosis and said, "She merely wanted to show you up," and refused to be examined."

Three weeks ago, she experienced pains in the pelvis, and slipped off to Cincinnati and was examined by a prominent surgeon. His diagnosis was carcinoma of the cervix uteri, and advised an immediate operation. I sent her to Dr. Palmer, of Dayton, for oscilloclast treatment, and I understand she is better."

Samuel King, A. B., M. D., Warren, Pa.—Answer to a letter from Dr. J. H. Hunt:

"My interest in one of Dr. Abrams' oscilloclast is the best investment I ever made, and has doubled my former income. I also have the satisfaction of treating and curing cases, for whom I could do nothing two or three years ago, and for whom the large majority of physicians, and especially those who know nothing of Dr. Abrams and his work, can do nothing today. I think so well of it, and have been so busy that I have ordered a second machine, and am awaiting anxiously from day to day to learn that it has been shipped.

"It is a specific treatment for specific conditions, and for this reason, the physician, in order to get results, must have a correct diagnosis, and then the rest is easy. Therefore, if you are doing an office work or have much work to do in the way of chronic ailments, or even acute infectious diseases, the rental of an oscilloclast will double your practice, provided you take up the work in the right way, and will prove by far the best deal you ever made.

"The oscilloclast is not a cure-all, but has no peer in the treatment of chronic cases, and you will have no rival in your community among the medical profession, as long as you are the only one fortunate enough to have an oscilloclast in that town."

Mather Thomson, M. D., London, England—(Extract of a letter to Sir James Barr.) "You may remember that I wrote to you re Abrams, before leaving London. It was your influence and advice that determined my visit to San Francisco, and I shall always remain your debtor."

H. Becker, M. D., Toronto, Canada—"I require a second oscilloclast very urgently. One case of mammary cancer removed August, 1920, and recurred. The oscilloclast did wonderful work for her, and, the right arm very much swollen, subsided in a few days."

H. Dundas Mackenzie, Auckland, New Zealand—"I have examined fifteen specimens of the Government calf lymph, and in all the specimens got the ERA for TB, congenital lues, and strep. in addition to the variolar contents.

"Since coming back I have examined about 249 cases, and have yet to find one free from congenital lues. I have had

many brilliant results with the oscilloclast, and so far only one failure in carcinoma, although I have refused to treat some cases, as the ohmage was too high. In the failure, I was prevailed on to treat the case against my better judgment, but that was only after they had called it an inoperable case at the public hospital. The ohmage measured 9 14/25, and although all pain was removed, the case ultimately passed out. Still the work goes on well, and I am very much talked about at present by my grateful patients. I have treated fourteen cases of carcinoma to date, and have four under treatment doing well. Twelve of the cases have left well, one did not continue treatment, and the other as above.

"In ulceration of the upper intestinal tract, I have found congenital lues, TB and strep. These cases got well, and are a walking advertisement."

C. S. Evans, M. D., Hutchinson, Kan.—"Will have soon the need of four oscilloclasts."

A. Persons, M. D., Buffalo, N. Y.—"Every day spent at your clinic was full of surprises. The facility and accuracy of diagnoses beyond anything I had ever seen during forty years of observation and study here and abroad."

H. W. Fleck, M. D., Bridgeport, Conn.—"I learned from a laboratory man, who is connected with one of the largest pharmaceutical manufacturers in the country, that they are about to announce a cure for cancer. I told him that I could guess the nature of the cure, and I told him it must surely be a dye, which he acknowledged to be the fact, and wished to know how I thought of such a thing, and I informed him that he was stealing Dr. Abrams' powder.

"I had a case of infection of the antrum with staphylococci, which caused a closing of the eye and which, after operation and drainage and the loss of all the upper teeth on that side, still persisted for three months. Twelve treatments with the oscilloclast caused all the symptoms to disappear, and he was able to read with the eye and return to his work.

"A case of infected tonsils in a bleeder. All the throat specialists refused to operate. He recovered in twenty treatments.

"A case of chronic catarrhal appendicitis was cured in fifteen treatments, and the digestive symptoms disappeared.

"A swollen cervical gland, to be operated on the next day, owing to the inability to eat was so relieved in one treatment as to postpone the operation and permit deglutition with comfort.

"I have many more cases to report, but will keep them for another time."

A. T. Noe, M. D., Pacific Grove, Cal.—"In a patient with multiple sarcomata of the abdominal viscera, and which could be easily seen, they rapidly disappeared after treatment with the oscilloclast."

J. R. Leadsworth, M. D., Los Angeles, Cal.—"About a year ago I visited Dr. Abrams' laboratory to be initiated into the mysteries of electronic reactions. It had been my privilege in earlier years to sit at his feet, when he occupied the chair of pathology in Cooper College. I knew him to be a man of originality of thought as well as one who followed his convictions without fear or favor. In later years, like many others, I had profited by his spondylotherapy and reflex methods. But I was not prepared for anything so revolutionary in medicine as his blood electronic reactions. Anyone who has given the subject no thought would consider it the height of absurdity to say that disease can be diagnosed from a dry blood specimen. To say, in addition, that the disease can be located and its strength in ohms measured by the same test, seems to border on the ridiculous.

"The visitor to the Abrams' laboratory is treated with unfailing courtesy. He is given a favored seat, and not only listens, but is encouraged to make observations of his own. For Dr. Abrams realizes that each may have something to contribute. Few men of science go away from a discussion with Dr. Abrams without having contributed some unconscious bit of knowledge to this great system of definite medical science. Thus the Abrams clinic never lacks for material. The new-comer hears his predecessors of only a few days call off the reactions even before the executant has time to announce them. Often he is urged to verify a certain dull area for himself, and within a few days he is invited to join an evening class of his confreres to discuss percussion technique.

"One is at once convinced that Dr. Abrams is a scientist. He is also an indefatigable worker. Days and weeks are often spent to perfect some color reaction or an apparatus to accentuate percussion notes, only to send it to the scrap-heap, if it is found to be impracticable. But perhaps before a new day is ushered in, this tireless mind will give birth to a new concept, and again a series of experiments is undertaken to demonstrate its utility.

"Day after day one sees scores of blood specimens examined and the findings jotted down and sent out to doctors in various parts of the world. And the question naturally arises, how will these blood tests stand up with the clinical findings? As I continued to follow the work, I must confess this question gave me some concern. So it was with no little anxiety that I returned to my office in Los Angeles, and subjected the

ERA to the acid test. In all, I have submitted over a hundred specimens to Dr. Abrams. At first I purposely avoided taking any history of the patient until after the diagnosis had been made by the electronic tests. With few exceptions the results were really uncanny, in pointing out the disease and its definite location.

"Some may have gone to the Abrams laboratory to scoff, but all have come away to praise. The following is a case in point:

"A couple of months ago a doctor came in to see me and told me the following story: A week previous he had been attending a medical convention in San Francisco. Having a day that was not fully occupied, he decided to visit the Abrams clinic, more out of curiosity than with any thought of profit. He was given a cordial greeting by the doctor, and was invited to watch the morning's work in blood examinations. Finally, it was suggested that Dr. K. have his blood tested. He consented, and watching the reactions with great interest, he was told that there was a strep. infection somewhere. He volunteered the information that he had been told this before, but that no one had ever been able to locate the focal infection. The test proceeded. He was told that it was not located in the appendix, nor in the teeth, nor in the antrums, but it was finally discovered in the left tonsil. Dr. K. was sure that the diagnosis was wrong, as he had never had any tonsil trouble. However, to make sure, he went downtown and asked one of the best men he knew to give him a thorough once-over. After two hours of thumping and punching, when every organ had been examined as far as physical methods could go, he was told that there was a crypt in the left tonsil. He came to me for the oscilloclast treatment, and that is how I heard his story. As an evidence of his faith in the electronic reactions, he has since taken the course.

"Dr. R., who was at the time working with Dr. K. and heard this story, became interested, and so decided to send the blood of his daughter to Abrams laboratory. The diagnosis came back, infection of the left antrum. There was no physical symptom of this, so Dr. R. decided to take her to a specialist and verify the diagnosis. The specialist could find nothing to confirm the diagnosis, but said he would aspirate the antrum with a hypodermic needle, and imagine the astonishment when the barrel of syringe was filled with pus.

"After sitting in the Abrams clinic for several weeks—and never have I spent such enjoyable and satisfying weeks—I returned to Los Angeles determined to test the reactions.

"J. B.—Oil broker, came to me for extreme nervousness, emaciation and sleeplessness, and I told him of the gratifica-

tion afforded by clinching the physical examination with the blood findings. He was inclined to question the possibility of detecting disease by submitting a dried specimen of blood. I told him that it would not cost him a great deal to test the process, so he consented, and the specimen was sent to Dr. Abrams. The report showed lues, cerebrospinal strain, forty-two ohms, streptococcemia of the teeth and gonococcemia of the prostate. Upon being shown the blood findings, he said that he had been taking shots for lues; he was wearing a partial plate, but the mouth contained half a dozen old snag teeth; and he said he had gonorrhea half a dozen times, and was taking prostate massage then. To say that he became an enthusiastic booster is putting it mildly.

"J. D.—Came for a growth about the size of a walnut on the outer side of the dorsal surface of the left foot. A year and a half previous he had come to me for the same condition, a painful, inflamed tumor growing rapidly and resisting all soothing applications. I referred him to a good surgeon, and an operation was performed, making a clean dissection of affected parts. Microscope demonstrated sarcoma. Several months ago the growth began to return, and the secondary growth seemed worse than the primary. Specimen of blood submitted came back with a diagnosis of strep. infection. In the face of what was known the diagnosis seemed a mistake, but the treatment with the oscilloclast was begun according to the findings, and strange as it may seem, a half-dozen treatments caused entire disappearance of the growth. The wound has been seen every week for four months since, and there is no evidence of recurrence.

"Miss B.—Came to me two and a half years ago for metrorrhagia and menorrhagia. I treated her for several months with various electric modalities, glandular extracts, and everything else that gave any promise of relief, but nothing permanent was effected. Finally, she was referred to a surgeon who performed an operation, removing both tubes and all but a part of one ovary, asserting that there was a tubercular condition. Recovery was prompt, but with no relief of the aggravating condition. Treatment was again begun and carried out perseveringly for months. About this time a new star arose on my horizon and it led to the Wise Man of the West who, like the Israelites of old, had become tired of wilderness wanderings in medical traditions. The electronic reactions showed that this young lady was afflicted with congenital lues, and the therapeutic test has since shown the accuracy of the diagnosis in effecting a prompt recovery.

"Scores of such cases could be detailed, if time would permit.

"Did you ever hear of the little boy who longed for a drum

for a Christmas present, and was told by his good mother that he should tell the Lord about his wants? That night he was heard to pray as follows:

I pray the Lord my soul to take, I want a drum.'

I pray the Lord my soul to keep, I want a drum.

If I should die before I wake, I want a drum.

I pray the Lord my soul to take, I want a drum.'

"If you could hear the nightly supplications of myself and office force, you would hear something like the above, only it would be for an oscilloclast."

A. N. Campbell, Honolulu, Hawaii—"What the oscilloclast has done for a frontal sinus trouble is phenomenal. After the third treatment, all pains ceased, and the discharge, which was present for years, is practically gone."

J. H. East, M. D., Denver, Colo.—"I desire to place my order for a second oscilloclast. I am very much enthused over the results I am getting in one case and I desire to see if you have any suggestions to offer. When she came she could distinguish light only and the shadow of the hand when passed between the right eye and light, but totally blind in the left eye. Yesterday she gave us the following report: She can see people getting in and out of the automobile, see the chairs on the floor, see the food on the table, and says she can recognize her own children."

W. B. Ryder, M. D., Long Beach, Cal.—"Could handle twice as many patients. Last week had about 30-35 daily. When can I have another oscilloclast?"

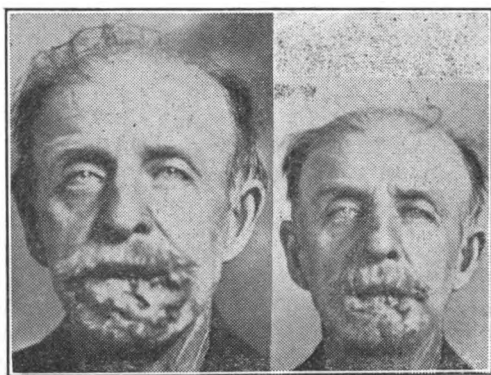


Figure 4

Dr. McCubbin's patient with lip epithelioma before and after oscilloclast treatment.

H. L. McCubbin, M. D., Sacramento, Cal.—"Photographs (Fig. 4) refer to an epithelioma before and after treatment with the oscilloclast. Lip is entirely healed and deformation is due to scar tissue only. This is a case of eight years' duration and cured in ninety days. Most wonderful I think. Will send you other data."

M. W. Livingstone, M. D., Pittsburgh, Pa.—"Diagnoses made with the ERA are often wonderful and the results with the oscilloclast are equally so."

Spondylotherapy

MY distinguished friend, Dr. J. Madison Taylor, contributed to the Medical Record (July 30, 1921), a significant article on "Vertebral Deformities." This contribution is of special importance because it brings into prominence some recent work done by Dr. Henry Winsor, of the University of Pennsylvania. Careful dissections were made of over fifty bodies to determine what anatomic evidences exist of alterations in structures of the spinal column in disease. He is evidently amazed at his findings, for he discovers undoubted evidence of rheumatoid arthritis with vertebral distortions on a line of the same sympathetic segment as the viscera which are diseased.

He does not know whether the distortions are primary or secondary to visceral pathology. The essential factor is, that vertebral distortions are more frequent than we are wont to believe, and thus the *Raison d'être* for the back-bone cults is suggested.

[The chief duty of a consultant is to examine the rectum, for the reason that it rarely is examined. Dr. Taylor deplores the non-recognition of the vertebrae as a factor in disease by the average clinician and the burden of his plaint is, **EXAMINE THE BACK.**

It is useless to discuss the problem of subluxated vertebrae, for it only eventuates in logomachy. Such discussions are akin to the vagaries of the sophists who, teaching that all was mind, denied the phenomena of nature. There is no such thing as motion, they argued, because no object could move where it was not; therefore, there could be no motion.

It is useless for Dr. Winsor to say, although in a theoretic sense he may be right, that reduction of a subluxated vertebra is impossible because the vertebrae are so immobilized by disease that only by boiling, and even then with difficulty, can they be separated.

The essential question is, Does spinal manipulation

by the osteopath and chiropractor benefit the patient? This may be answered with an emphatic YES, and results are often achieved which baffle the understanding of the educated physician. The writer has endeavored to explain the results in his "Spondylotherapy" by the elicitation of reflexes.

The patient doesn't give a tinker's imprecation about what is the matter with him. His chief concern is to get well.

The writer proposes a new department in medicine which should be called, **PRAGMATICAL MEDICINE**. The pragmatist method accepts an idea whether true or untrue by its practical results. Rationalism only concerns itself with logic. In other words, the medical pragmatist asks only for results, and ignores that stupendous superstructure of theories which poses as classical medicine.—Editor.]

REPORTS

By M. P. STEPHENS, M. D.

[Bearing on the foregoing editorial, the patients who received results from Dr. Stephens were only concerned with **Results**.]

Menorrhagia—Girl. Continuous heavy flow for five months. Very anemic and weak. Many physicians consulted and one, a surgeon, suggested an operation as the only solution to the problem. This operation was to have been performed the following week. Placing the girl on the table, pressure at intervals was made on the sides of the first three lumbar spines to elicit the uterine reflex of contraction. After a single manipulation the flow had almost ceased, and after the third manipulation the flow did not recur until her next menstruation. This maneuver was repeated one year later, when the period lasted twelve days. One treatment sufficed and she has menstruated normally for five years.

Dysmenorrhea—Treated by Dr. Albert Abrams' method of freezing has given permanent relief from pain in more than twenty-five cases. Freezing was executed over the first to fourth lumbar spines for about three minutes. Within fifteen minutes the patients marveled at the disappearance of pain. Two cases had only one treatment. Each claimed that the following menstruation appeared without pain. In a few cases two treatments were given during one menstrual period. Five or six patients took from three to four treatments between the menstrual periods,

and always one a few hours before the flow was due. All these patients had permanent results. One patient had treatment over a period of five months, averaging one freezing a week. The treatment given before the menstrual flow makes the patient fairly comfortable.

L. S. Brooke, M. D., San Francisco, refers to a patient with menorrhagia lasting nine weeks, which was arrested by several stimulations of the lumbar spines.

Seventh Cervical Spine—Despite its prominence, a prominent sixth cerv. spine may confuse its location. Dr. Hamilton (Raton, New Mexico) suggests the following: Turn the patient's head backward. The first spine that fails to fully recede is the seventh cervical vertebra. This is, in my opinion, not conclusive. Mark third dorsal spine opposite spine of scapula. Latter is practically a constant landmark for this vertebra and count up or down.

SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY

California (Provincial)—Drs. Thudichum, Thompson, Bransford, Dietz, Wherry, Gray, D. Hand, H. McCubbin, D. Northrup, E. Herbst, R. Sturgis, E. Percival, A. Heaney, S. Terry, R. Duncan, W. Dower, D. B. Fields, H. J. Aalders, B. M. Krout, J. R. Leadsworth, C. Aldrich.

Indiana—Drs. Edgar C. Droom, M. P. Stephens.

Illinois—Dr. K. Herz.

Oregon—Dr. Chas. Zeebuyth.

New York—Dr. M. A. B. Girard.

Iowa—Drs. W. H. Seymour, M. W. Moulton.

Nebraska—Drs. N. T. Johnston, A. S. Main.

Colorado—Dr. P. A. Wade.

Ohio—Drs. Wiley Sprague, W. Wolfram.

New Mexico—Dr. D. D. Hamilton.

Kansas—Dr. L. S. Downs.

Pennsylvania—Dr. Samuel King.

Canada—Drs. McKay Jordan, B. Becker, F. Sharp.

Hawaii—Drs. G. St. David Walters, Geo. Herbert.

Mexico—Drs. F. Gomez, E. Aldana.

Central America—Dr. C. Leiva.

France—Dr. C. Molule.

India—Dr. J. Eastland.

PHYSICO-CLINICAL DEFINITIONS

Spondylotherapy—Elicitation of reflexes by vertebral concussion. The executer of this method is one who "knocks you" when your back is turned.

Neurologist—One who claims to diagnose nervous diseases but resents the imputation of curing them.

Classical Medicine—The art of diagnosis and awaiting the autopsy for its confirmation.

Therapeutics—A lost art revived by Christian Science.

Tonsil—The latest thing out.

Appendix—A surgical asset.

Ductless Gland—A lucrative structure for the pharmaceutical chemist.

Autointoxication—A misdirected motor car by a drunken driver.

Pessimist—A patient on whom an unsuccessful operation has been performed by an optimistic surgeon.

Rheumatism—A name for the diagnostically destitute.

Church—A place of worship; also an operating-room, including the surgeon.

Egotist—One who presumes to understand the theory of relativity.

Dyspeptic—One who gives an organ recital.

Abortion—"Love's Labor Lost."

Blue Law—A chromatic thanatopsis; the legalization of life as a preparation for death.

Psychoanalyst—One who locates the sexual apparatus in the brain.

Propaganda—The virtuous male of the goose species.

IF?

(According to Edison)

1. If there is nothing in an appendix but \$250, who receives the benefit?
2. If 90 per cent of our diagnoses are wrong and if the sick derive more benefit from the cults, what will be the destiny of scientific medicine? Must we thank God that our discoveries are of no practical use to mankind?
3. If a lithotomist claims never to have lost a stone in his operations, how many patients did he lose?
4. If a surgeon operates a quarry, is he violating the Hippocratic oath which enjoins him not to cut for stone?
5. If a gallstone is passed by the "National Board of Censors," does it enhance the morality of the stone?

PHYSICO-CLINICAL TRITURATES

Our patients complain that our high cost of killing is a factor equally important as the high cost of living.

Some men are born fools, others avoid a specialty and practice general medicine.

Reformers are attempting to prove that everything is injurious and they will eventually succeed in proving that even food is poisonous.

A surgical congress is practically a "Peace Conference." Their members can be credited with all kinds of pieces of an anatomical nature.

The edict has gone forth that more dentists are needed. What we actually need is more teeth.

The chiropractors and osteopaths must have lost faith in Luther Burbank since he invented the "spineless cactus."

A news item reads: "Peggy O'Neill travels 3000 miles to visit her dentist." That dentist must have some "pull" who can extract a lady at that distance to "fill" a void. We have "long distance telephones," and now, "long distance dentists."

A surgeon reports 2000 consecutive operations. That's not surgery. It's a habit.

Anatomic dismemberment has been dubbed "Surgery" and it persists despite the biblical injunction, "What therefore God hath joined together, let not man put asunder."

Cures may be effected with or without surgery. In the latter instance, the cures are agreeably efficient; in the former, disagreeably so.

All "paths" lead to cure, therefore we have allopaths, homeopaths, osteopaths and other kinds of paths.

Dr. Smith informs us that he never lost a case. We wonder how he does it. We lost two cases of wine since prohibition has gone into effect. Pro patria: Pro hibition.

A recent health item advises people to lie on the right side. Most of them lie right, left and in any other direction.

When a patient has pain in the lower abdomen the physician thinks it may be appendicitis, but the surgeon thinks it can be nothing else.

A good many things are easier done than undone—including surgical operations.

When surgery will be able to solve problems instead of creating them, there will be no surgery.

Psychologized medicine has become a necessity to explain why one man's calomel is a little better than the other fellow's, and why what is obvious can never compete with what is mysterious in the treatment of disease.

A St. Louis man swallowed \$4.85 in nickels on a bet. Surgery

was not invoked. Evidently his astute physician observed that, if the nickels were genuine, they would pass.

Man has conquered the air, but the haughty Dr. Grimes abuses it, judging from the "air" he assumes when he performs an operation.

"Take it from me; I'm a sick man," said the patient. The surgeon did not hesitate and removed his appendix.

SOME SURGEONS I HAVE KNOWN

John Smith, whose prognoses were always wrong. He was a poor prophet, although he practiced for profit.

William Jones, a really heartfelt surgeon. He couldn't help it. He had angina pectoris.

George Johnson, the universal surgeon. He operated internally, externally and eternally, and most often, infernally.

Howard Gump, the disconcerted surgeon. Nothing could "move him" but his infallible compound cathartic pills.

Walter Riley, the contented surgeon. He had diplopia. When he received his fee he always saw double the amount.

Every surgeon who lives in Sacramento, the capital of California, should speak of their operations as capital ones. Colonel Jones was quite aggrieved when the surgeons referred to his operation as a "major one."

Dr. B.'s taste for surgery is so great that he has become a tongue specialist and he hopes that his operations will speak for themselves.

Walter Kemp, the self-confident surgeon with faith in operations when executed only by himself, intends to "cut out" his own "booze" when prohibition goes into effect.

William Haller, the "courteous surgeon," who, when he grasps the prostate in his hand, always says, "Gland to meet you."

Clarence Atkins, the "open-minded" surgeon, because he couldn't help it. He was trephined when a child.

LESSEES OF OSCILLOCLAST *

Sir James Barr, England.

A. Bursell, M. D., Medford, Oregon.

E. A. Majors, M. D., Oakland, Cal. (2 machines).

A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).

J. P. Kanoky, M. D., Kansas City, Mo.

* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- H. Meredith, M. D., Oakland, Cal.
J. Goodwin Thompson, M. D., Oakland, Cal. (2 machines).
V. Sillo, M. D., New York City.
W. F. Becker, M. D., Chicago, Ill. (2 machines).
E. W. Dodge, Chicago, Ill.
J. W. King, M. D., Brandford, Pa. (4 machines).
C. Wheeler, M. D., San Francisco, Cal.
H. Michener, M. D., Wichita, Kan.
G. Boericke, M. D., University Hospital, Ann Arbor, Mich.
M. W. Knapp, M. D., San Jose, Cal.
J. Du Plessis, M. D., Chicago, Ill.
P. S. Replogle, M. D., Champaign, Ill.
C. L. Thudichum, M. D., Sebastopol, Cal. (2 machines).
F. Schuldt, M. D., Mexico City, Mexico.
H. E. Palmer, M. D., Dayton, Ohio.
Capt. A. R. Gould, M. D., Washington (2 machines).
B. W. Swayze, M. D., Allentown, Pa.
H. A. Hess, M. D., San Francisco, Cal.
H. G. Nyblett, M. D., Calgary, Canada.
B. Tisdale, M. D., Oakland, Cal.
J. Tow, M. D., San Francisco, Cal.
C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).
L. H. Dietz, M. D., Oakland, Cal.
S. King, M. D., Warren, Pa. (2 machines).
S. F. Meacham, M. D., Oakland, Cal.
B. Crombie, M. D., Portchester, N. Y.
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).
R. Rice, M. D., Council Bluffs, Iowa.
C. S. Evans, M. D., Hutchinson, Kan. (2 machines).
H. T. Irvine, M. D., Austin, Texas (9 machines).
A. B. Collins, M. D., Linesville, Pa. (2 machines).
W. P. Myers, M. D., Anaheim, Cal. (2 machines).
C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).
V. S. Irvine, M. D., Lankin, N. Dakota.
I. Howard Planck, M. D., Chicago, Ill. (3 machines).
M. A. Hansen, M. D., Osage, Iowa (2 machines).
J. A. Savignac, M. D., Ottawa, Canada.
M. W. Livingston, M. D., Pittsburg, Pa.
E. B. Crosby, M. D., Oriska, N. Dakota.
H. D. Schell, M. D., Hamilton, Ohio.
A. E. Persons, M. D., Buffalo, N. Y.
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).
A. W. Buell, M. D., Long Beach, Cal.
H. B. Coblenz, M. D., Washington, D. C. (2 machines).
H. C. Kehoe, M. D., Flemingsburg, Ky.
F. M. Cooper, M. D., Colorado Springs, Colo.
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).

- H. W. Fleck, M. D., Bridgeport, Conn. (2 machines).
B. L. Sanborn, M. D., San Francisco, Cal.
C. C. Waltenbough, M. D., Canton, Ohio.
J. F. Roemer, M. D., Waukegan, Ill.
E. B. Taylor, M. D., Huron, S. Dakota.
T. Kendrew, M. D., Indianapolis, Ind.
G. E. Watts, M. D., Portland, Ore.
E. C. Folkmar, M. D., Washington, D. C.
A. W. Boslough, M. D., Wausau, Wis.
H. D. MacKenzie, M. D., Auckland, New Zealand.
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).
M. S. Hsu, M. D., Woosung, China.
Henry P. Fahrney, M. D., Frederick, Md.
H. M. de Danneville, M. D., New Zealand.
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).
H. Gunderman, M. D., Monango, N. D.
Chinese Government.
F. M. Planck, M. D., Kansas City, Mo.
T. D. Bristol, M. D., Cleveland, Ohio.
C. Conn, M. D., Sioux City, Iowa (2 machines).
C. F. Ellis, M. D., Eureka Springs, Arkansas.
D. D. Hamilton, M. D., Raton, New Mexico.
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H. S. Huang, M. D., Amoy, China; Houston, Texas (2 machines).
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P. G. Smoot, M. D., Maysville, Ky.
W. A. Hanor, M. D., Corning, N. Y.
H. R. Goshen, M. D., Bronson, Kan.
J. E. Johnston, M. D., Pittsburg, Pa.
J. R. Mitchell, M. D., Washburn, Wis.
H. Becker, M. D., Toronto, Canada (2 machines).
O. O. Sink, M. D., Smithfield, Ohio.
M. J. Wolf, M. D., Petaluma, Cal.
Cora Smith King, M. D., Washington, D. C.
C. M. Moffatt, M. D., Shenandoah, Iowa.
P. Livingstone Barnes, M. D., Los Angeles, Cal. (2 machines).
C. M. Cooper, M. D., Bellevue, Ohio.
W. H. Dower, M. D., Halcyon, Cal.
L. S. Brooke, M. D., San Francisco, Cal.
J. H. East, M. D., Denver, Colo. (2 machines).

C. J. Pflueger, M. D., Kalamazoo, Mich.
E. F. Pielmeier, M. D., Vincennes, Ind.
A. W. Hoyt, M. D., New Rochelle, N. Y.
S. A. Lutgen, M. D., Wayne, Nebraska.
R. L. Crowthers, D. D. S., Caldwell, Ohio.
J. L. Conrad, M. D., McKeesport, Pa.
Z. L. Baldwin, M. D., Kalamazoo, Mich.
F. Sharp, M. D., Cardston, Alberta, Canada.
W. B. Ryder, M. D., Long Beach, Cal. (2 machines).
W. B. Secrest, M. D., Logan, Utah.
S. Talbott, M. D., Nevada City, Cal.
H. Lischner, M. D., San Diego, Cal.
G. D. Pendell, M. D., Wellington, Kan.
W. Wolfram, M. D., Cincinnati, Ohio (2 machines).
C. A. Stout, M. D., Cincinnati, Ohio.
F. Paredes, M. D., Celaya, Mexico.
W. A. Klopfenstein, M. D., Detroit, Mich.
H. W. Gates, M. D., Waco, Texas.
W. Kendall, M. D., Ocean Park, Cal.
O. Jones, M. D., Indianapolis, Ind.
M. Thomson, F. R. C. P., Dublin, Ireland (3 machines).
F. Vasquez Gomez, M. D., San Antonio, Texas.
D. B. Holcomb, M. D., Pasadena, Cal.
D. S. Kanstoroom, M. D., Washington, D. C.
J. V. Malloy, M. D., Denver, Colo.
A. A. Sorensen, M. D., Aberdeen, S. Dakota.
H. S. Bramble, M. D., Elmer, New Jersey.
S. F. Hsu, M. D., Woosung, China.
Luther V. Bates, M. D., Reno, Nevada.
D. I. Cochran, M. D., Hamilton, Ohio.
M. P. Stephens, M. D., Terre Haute, Ind.
Wiley T. Sprague, M. D., Athens, Ohio.
A. S. Main, M. D., Loup City, Nebraska.
W. H. Seymour, M. D., Charles City, Iowa.
J. W. Neptune, M. D., Salina, Kansas.
H. A. Dittmer, M. D., Manchester, Iowa.
P. A. Wade, M. D., Canyon City, Colo.
N. T. Johnston, M. D., Upland, Nebraska.
F. H. Osmun, M. D., San Francisco, Cal.
O. B. Hicks, M. D., Shreveport, La.
C. H. Lenhart, M. D., Danville, Ill.
Chas. Rosedale, M. D., Hollywood, Cal.
M. W. Moulton, M. D., Bellevue, Iowa.
W. N. Fowler, M. D., Kalamazoo, Mich.
M. L. Geiser, M. D., Keokuk, Iowa.
Ralph A. Manning, M. D., Winchester, Mass.
S. M. Brown, M. D., Boston, Mass.

Francis A. Cave, M. D., Boston, Mass.
Francis T. Davies, M. D., Boston, Mass.
C. Harrison Downing, M. D., Mattapan, Mass.
Edwin Alden Leavitt, M. D., Worcester, Mass.
H. Scholtz, M. D., Oakland, Cal.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases. VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his *SEXUAL IMPOTENCE* (W. B. Saunders & Co., 1915). "In the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams. FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," *Lancet* (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, *Lancet* (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEES:

(Which include all diagnostic information necessary.)
 Blood examinations, which include tests for all diseases.....\$10.00*
 Subsequent blood examinations to gauge the course of the disease 5.00
 Examination of patients\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.
 Course to physicians on Electronic Diagnosis.....\$200.00
 (Limited to reputable physicians in possession of the M. D. degree.)

* When disease is localized, an additional charge of \$5.00 is made.

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 SO. HOPE STREET
COR. SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To whom it may concern;

This is to certify that
Dr. Albert Abrams has examined ^{former} ~~by~~
his new method one hundred ~~thir-~~
ty cases, great as was the surprise
to me in many instances in practically
all cases his judgment was based
demonstrated to be correct and in no instance
was he found to be in error.

Harley E. MacDonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

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With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMON THATCHER ROE, M. D.,
Pacific Grove, Cal.

July - 27-17
Dear Doctor Abram's
your letter explaining blood test no. 3 received.
your diagnosis is correct. I thought I might
stump you on this one - but failed.
I am sending you blood specimen of case no. 1.
to day - I trust you will be able to find some
improvement in this test case - this time.
I can hardly wait the time I can leave for the
city and spend the time with you.
Thanking you for past favors I am sincerely yours
A. Roe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colicsepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococcc Infection
Diabetes	Meningococcc Infection	Streptococcc Infection
Diphtheria	Neurasthenia	Syphilis (differentiation of congenital and acquired, and specific strain)
Epilepsy	Paralysis Agitans	Teniasis
Genococcc Infection	Parathyroid Insufficiency	Tetanus
Gout	Paratyphus	Typhoid
Hookworm	Pneumococcc Infection	Tuberculosis
Hyperpituitarism	Psychasthenia	(Varieties)
Hyperthyroidism	Pregnancy (prediction of sex)	
Influenza		
Insanity		
Paranoia		
Dementia Precox		

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D., Pa.—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PAREDES, F., M. D., Mexico.—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work." (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (Article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopedic and Medical Bulletin, July, 1913).—"Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness."



**Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes
for
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter
(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in September issue of the Journal. Price, \$36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two-pronged instrument. Price \$6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.